Bureau of Clinical Laboratories P.O. Box 244018 Montgomery, AL 36124-4018 334-260-3400

## Alabama Department of Public Health (ADPH) Bureau of Clinical Laboratories (BCL) Requisition Form for Laboratory Testing



Mobile Division Laboratory 757 Museum Drive Mobile, AL 36608 251-344-6049

As of 1/1/14, all specimens (except newborn screening) require the patient's demographic and insurance information. Complete a separate form for each test requested.

Patient Information					Healthcare Provider Information						
Patient ID Number/MRN Specin			nen Collection D	ate	Facility Na	me					
			/ /								
		-			Physician/Requestor Name (Last			st and Fir	st) NPI#		
Patient Name (Last and First)		Date o	Date of Birth (mm/dd/y								
			/ /								
Specimen Source Race (mark all that apply) Ethnicity					Street Address						
□ American Indian/			☐ Hispanic or I	Latino							
Alaska Native		***	☐ Non-Hispani		City			State	Zip		
Date of Onset ☐ Asian			Latino								
□ Black/African-			□ Unknown		Phone Nun	nber		Fax Num	ber		
Hospitalized American			Sex					_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
□ Yes	☐ Native		☐ Male								
□ No	Hawaiian/Pacific		Female		Laboratory Use Only						
	Islander		Pregnant								
	☐ White/Caucasian		□ Yes □ N	lo							
	□ Unknown										
Patient Street Addre											
City		Sta	te Zip								
Patient SSN Patient Phone Number											
	T	T	f (DI		l	- C !		I)			
Insurance Information (Please include copy of insurance card)											
Bill To Patien	t's Insurance	Patie		Ordering F		☐ ADPH F					
Insurance Carrier Policy Holder's Name (Last, First, MI)					Number		Gro	up Numb	er		
□ BC/BS											
United Healthcare Policy Holder's DOB Policy Holder				lder's Ma	iling Addre	SS	Patient'	's Relation	nship to Policy H	older	
(mm/dd/yyyy)					(Self, Child, Spouse, Unknown)						
☐ Medicare ☐ No Insurance				` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '							
☐ Other (Specify)					1						
□ Other (Speerry)	Diagnosis Cod	le(s)	Code 1		Code 2			Code 3			
			Te	st Reque	ested						
Frequently Ordered						AFB/My	cology/M	icrobiolo	gy		
Recent Travel? Yes/No When and where?					AFB						
Recent Vaccine? Yes/No When and what type?					☐ Mycology						
□ CT/GC/TV					☐ Microbiology – Reference/Gram Stain ☐ Microbiology – Salmonella/Shigella						
☐ Syphilis History of treatment? Yes / No					☐ Microbiology – Samonetta Stagetta ☐ Microbiology – PCR Test						
☐ HIV EIA HIV EIA Form #					Other	1 CR 1 CSt _					
□ Blood Lead □ Capillary □ Venous Follow-up? Yes/No											
☐ HIV Viral Load ☐ HIV Genotyping					suspected: _						
☐ Lymphocyte Subset (CD4)											
☐ Hepatitis B Surface Antibody ☐ Hepatitis B Surface Antigen				G	.1. T						
Post Vaccine Employee? Yes/No Needle Stick? Yes/No				Specia	al Instructions	S:					
☐ CBC without differential											
Chemistry Panel (Only one form required per Chemistry Request)											
☐ Comprehensive Metabolic ☐ Lipid											
☐ Basic Metabolic ☐ Thyroid								-			
☐ Renal Function ☐ TB											
☐ Hepatic Function ☐ Electrolytes											
☐ Chemistry Analyte (s)											
☐ Influenza Rapid test result:											
☐ Urine Culture Symptomatic / Post Treatment / Other:											
☐ Arboviral Testing Agent suspected:											
Other Test											